

POSITION	INITIALS	ID #	DATE
FEE DETERMINATION	<i>CDR/AN</i>		
O.I.P.E. CLASSIFIER		<i>19</i>	<i>E 130</i>
FORMALITY REVIEW	<i>KQ</i>	<i>103</i>	<i>09/05/01</i>
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Final	Original	Date
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18	✓		
19	✓		
20	✓		
21	✓		
22	✓	✓	
23	✓	✓	
24	✓	✓	
25	✓	✓	
26	✓	✓	
27	0	0	
28	✓	✓	
29	✓	✓	
30	0	0	
31	✓	✓	
32	✓	✓	
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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**BEST AVAILABLE COPY**

If more than 150 claims or 10 actions  
staple additional sheet here

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